

BUSINESS SIGN APPLICATION

PERMIT NUMBER:SGN —

DROP OFF #

A. ADDRESS:

BUSINESS NAME:

B. OWNER OF THE PROPERTY:

NAME:

ADDRESS:

CITYSTATEZIP CODE

TELEPHONE NUMBER: () —

EMAIL ADDRESS

Under penalty of perjury, I attest that this sign will be erected and maintained in accordance with the statements made on this document and plans filed with application for permit, Zoning Ordinances of Marion County, and the Building Code of the Consolidated City.

Property Owner's Signature

Date

C. EXISTING ZONING:

D. PETITION NUMBER:

COMMITMENTS: YES NO

PRIOR PERMITS:

INTEGRATED CENTER: YES NO

NAME OF CENTER:

E. DETAILS:

SGN 1

SGN 2

SGN 3

SGN 4

SGN 5

STREET FRNT:

ILLUMIN TYPE:

FAÇADE WIDTH:

FAÇADE HEIGHT:

FAÇADE AREA:

SIGN TYPE:

BOTTOM EDGE:

TOP EDGE:

FACE HEIGHT:

FACE WIDTH:

AREA PER FACE:

AREA ALLOWED:

AREA EXIST:

AREA AVLBLE:

OF FACES:

EST VALUE:

G. SETBACKS:

SGN 1

REQUIRED

PROPOSED

FRONT

FRONT/REAR

SIDE

SIDE

LOCATION/DETAILS:

H. SETBACKS:

SGN 2

REQUIRED

PROPOSED

FRONT

FRONT/REAR

SIDE

SIDE

LOCATION/DETAILS:

I. SETBACKS:

SGN 3

REQUIRED

PROPOSED

FRONT

FRONT/REAR

SIDE

SIDE

LOCATION/DETAILS:

J. SETBACKS:

SGN 4

REQUIRED

PROPOSED

FRONT

FRONT/REAR

SIDE

SIDE

LOCATION/DETAILS:

K. SETBACKS:

SGN 5

REQUIRED

PROPOSED

FRONT

FRONT/REAR

SIDE

SIDE

LOCATION/DETAILS:

L. APPLICANT/CONTRACTOR:

BUSINESS NAME:

YOUR NAME (PRINT):

Under penalty of perjury, I attest the information contained on the form is complete and accurate. Application fee is non-refundable and due upon submittal regardless of permit issuance.

Applicant/Contractor's Signature

Date

Business Listing Number

Individual Listing Number

BUSINESS ADDRESS:

CITY

STATE

ZIP

EMAIL ADDRESS:

TELEPHONE NUMBER: () —

Department of Code Enforcement, 1200 Madison Ave, Suite 100, Indianapolis, IN 46225
PHONE: (317) 327-8700 ♦ FAX: (317) 327-5174 ♦ EMAIL: PermitQuestions@indy.gov
www.indy.gov/permits

9.17.15